Childhood blindness and low vision

Link between eye care, education/rehabilitation
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Every child with blindness, low vision (with special needs) has a *right* to
- best possible vision, as young as possible
- an education comparable to that of peers of similar age in their neighbourhood

Every child with **special needs** should have `best possible’ vision
*befor*e starting education and during their school years
Examples of need for close cooperation in eye care and rehabilitation/education

- Glasses / magnifying devices
Glasses/ low vision devices

- Recognising a child does not see well enough
- Getting a child to have a quality eye check/refraction
- Refraction / prescription/ magnification assessment
- Writing prescription / giving clear information to client / teacher / parent
- Obtaining the correct glasses/device
- Training in its use

Wearing the glasses/using devices for all activities as advised/correct use
Getting educated at a special school makes it likely a child will not use vision in an optimal way.
Opportunity: Inclusive education

Every child with special needs should have best possible vision!
Who does what: organise it at different levels of service delivery

- Locating children with possible low vision
- Organising of initial eye care assessment
- Organising surgery of children, if needed
- Obtaining and payment of glasses / devices
- Training in use of vision, devices
- Follow-up and monitoring
Cooperation in:
- What works best
- Who measures what, at different levels

- Effect of vision training in ROP child

- Is advice and information given by eye care ‘usable’ by child, school, parent
Thank you